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*Legislative summary
of workers'
compensation bill*



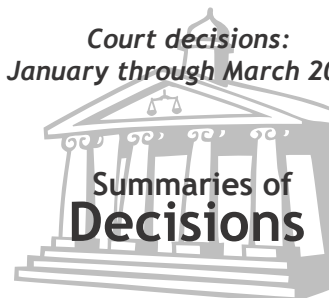
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*Complaints
involving
medical
issues,
2004*

10

*Court decisions:
January through March 2005*



**Summaries of
Decisions**

D-1

Legislative summary of workers' compensation bill

By Jamie Anderson, Legislative Affairs Director

The Workers' Compensation Advisory Council sponsored a bill during the 2005 legislative session. The bill had many provisions in it, all of which were agreed upon by the majority of business



members and labor members on the council. The authors of the bill, Sen. Tom Bakk, D-Cook, and Rep. Tim Wilkin, R-Eagan, saw no controversy as the bill moved through the committee and floor hearings. The bill was signed by the governor on May 25, 2005, and has various effective dates.

To see the bill language for SF1716, visit www.revisor.leg.state.mn.us/bin/bldbill.php?bill=S1716.0&session=ls84.

2005 Workers' Compensation Advisory Council bill summary

Sec. 1 – **Employee**

- Clarifies the definition of a voluntary worker engaged in emergency management within the workers' compensation statute.

Sec. 2 – **North Dakota employers**

- Defines “temporary work” regarding employees who were hired in North Dakota by a North Dakota employer, but do temporary work in Minnesota. This section states these employees are covered by North Dakota workers' compensation law.

Sec. 3 – **Limitation of fees**

- Deletes the requirement for insurers and self-insured employers to file annual statements regarding defense attorney fees.

Sec. 4 – **Parent as guardian**

- Clarifies that the “parent as a guardian of an injured employee” presumption only applies if the injured employee is a minor.

Sec. 5 – **Disciplinary actions**

Sec. 12 – **Revocation, suspension and refusal to clarify; penalties and enforcement**

Sec. 18 – **Fines; violations**

- Redirects three penalties to be deposited into the Assigned Risk Safety Account, where all other workers' compensation penalties are deposited, instead of into the Special Compensation Fund.
- The three penalties are: improper discontinuance, managed care and rehabilitation provider.

Sec. 6 – **Scope**

- Gives the commissioner of the Department of Labor and Industry (DLI) jurisdiction over workers' compensation medical disputes in the amount of \$7,500 or less at the time of the filing (an increase over the current \$1,500 threshold).

Legislative summary, continued ...

Sec. 7 – **Definitions**

Sec. 8 – **Payments to fund**

- Updated language for workers' compensation assessments to clarify changes in the law that occurred three years ago.

Sec. 9 – **Employer reports**

- Replaces language inadvertently deleted from statute three years ago.
- DLI reimburses insurers for certain workers' compensation benefits paid. If the insurer owes DLI assessments, this language allows DLI to offset those assessments due against the reimbursements.

Sec. 10 – **Medical, psychological, chiropractic, podiatric, surgical, hospital**

- Allows a self-insured employer or insurer to contract with and negotiate rates with a pharmacy network from which the injured employee must select a pharmacy to fill prescriptions. The pharmacy must be within 15 miles of the employee's home.

Sec. 11 – **Medical bills and records**

- Allows electronic submission of bills between insurers and health care providers.

Sec. 13 – **Requirements**

- Extends the ability to collectively bargain a claim administration system within workers' compensation to nonconstruction industries.

Sec. 14 – **Notice of coverage, termination, cancellation**

- Narrows the DLI commissioner's responsibility to notify employers only when coverage has been canceled or has expired. Previously, workers' compensation insurers and the DLI commissioner were both required to notify employers of an impending expiration or cancellation of workers' compensation coverage.

Sec. 15 – **Notice, effect**

Sec. 16 – **Insolvent insurer**

- Patches a hole in the statutes for employers whose insurance companies have gone bankrupt.
- In 2003, the Minnesota Insurance Guarantee Association (MIGA) amended its law to exclude MIGA from covering workers' compensation claims when an employer has a high-deductible policy or a net worth of \$25 million or more. This language ensures injured workers' claims are covered and paid by those employers and allows those employers to request reimbursement from the Special Compensation Fund and the Workers' Compensation Reinsurance Association.

WCAC 101

The Workers' Compensation Advisory Council (WCAC) was created in 1992, as a permanent council on workers' compensation.

The WCAC consists of 12 voting members (six representing organized labor and six representing Minnesota businesses), 10 of which are appointed by the governor, the majority and minority leaders of the Senate, and by the speaker and minority leader of the House of Representatives. The other two members are the presidents of the largest statewide Minnesota business organization and the largest organized labor association.

The WCAC advises the commissioner of the Department of Labor and Industry about matters of workers' compensation and submits its recommendations for proposed changes to the workers' compensation statutes to the proper legislative committees. The WCAC's recommendations must be supported by a majority of business and labor members.

The next meeting is scheduled for Oct. 12, 9:30 to 11:30 a.m., at the Department of Labor and Industry, 443 Lafayette Road N., St. Paul, in the Minnesota Room. E-mail Debbie Caswell (Debbie.Caswell@state.mn.us) or call her at (651) 284-5018 for further information about the WCAC meetings.

Legislative summary, continues ...

Sec. 17 – **Forms for reports**

- Eliminates outdated language. The First Report of Injury form has not required this declaration for many years.

Sec. 19 – **Appointment of physicians, surgeons and other experts**

- Deletes a reference to a list that hasn't existed since 2001.

Other legislation affecting workers' compensation

S.F. 0069 (1st special session, ch. 1, art. 4, sec. 40)

- Amends the workers' compensation relative value fee schedule (see page 5).

S.F. 1998 (Laws of Minnesota 2005, ch. 77, sec. 4)

- Amends Minnesota Statutes §62Q. 75, subd 3 to require health care providers to submit changes* within six months from the date of service or the date the health care provider knew or was informed of the payer's name and address. The provider shall not be paid and may not collect from any other payer for charges not timely submitted. Exceptions apply to the six-month time limit.

*including workers' compensation charges



Comp claim copy cost changes

An omnibus data practices bill that passed during the recent legislative session and became effective Aug. 1 has a provision in it that amends Minnesota Statutes 13.03 regarding requests for *public* data. The language states that if 100 or fewer letter or legal size, black and white copies are requested, the fee is \$.25 a page, rather than what it actually costs the agency to provide the copies.

This legislation does *not* affect the cost of copies of workers' compensation claim files requested from the Department of Labor and Industry's Copy/File Review (CFR) office, because these files are considered *confidential*.

CFR provides authorized customers with copies of workers' compensation claim files for \$.65 a page. Requests for copies are typically received from injured employees, attorneys, insurers and employers. In fiscal-year 2005, CFR processed almost 15,000 requests and provided the copies within six days of receipt 93 percent of the time.

Those who do business with CFR on a regular basis should consider opening an account to speed up processing time significantly. To learn more about setting up an account, call (651) 284-5200.

New benefit and provider fee levels effective October 2005

By Brian Zaidman, Research Analyst, Research and Statistics,
and Kate Berger, Legal Services

The statewide average weekly wage (SAWW) effective Oct. 1, 2005, is \$774, a 4.59 percent increase over the current SAWW of \$740, which has been in effect since Oct. 1, 2004. [See the table on this page.] The levels for minimum and maximum weekly benefit payments are presented in the table on the page 7. The statewide annual average wage will change to \$40,203 on Jan. 1, 2006.

The new SAWW is based on 2004 payroll and employment figures supplied by the Department of Employment and Economic Development and the calculation procedure in Minnesota Statutes §176.011, subd. 20. The increase in the SAWW is the basis for the M.S. §176.645 annual benefit increases.

Only injured workers meeting the eligibility requirements of M.S. §176.645 will receive adjusted benefits. Benefit increases for workers injured prior to Oct. 1, 1992, are limited to 6 percent. Benefit increases for workers injured between Oct. 1, 1992, and Sept. 30, 1995, are limited to 4 percent. For workers injured on or after Oct. 1, 1995, the initial annual adjustment is made on the fourth anniversary of the date of injury and is limited to 2 percent.

The vocational rehabilitation annual adjustment of hourly fees is limited to the 2 percent maximum increase (Minnesota Rules 5220.1900 subp. 1b, 1c and 1e). On Oct. 1, 2005, the maximum qualified rehabilitation consultant (QRC) hourly fee will increase to \$85.45 and the maximum hourly rate for rehabilitation job development and placement services will increase to \$65.72.

During the 2005 legislative special session, a new law was enacted amending the relative value fee schedule (2005 Laws of Minnesota, 1st special session, ch. 1, art. 4, sec. 40). This law:

- removes the scaling factors from the relative value units in the workers' compensation medical fee schedule.
- establishes four conversion factors for the sections of the fee schedule containing medical/surgical services, pathology and laboratory services, physical medicine and rehabilitation services and chiropractic services.
- requires the four conversion factors to be set so that the maximum fees for each service are the same as under the current fee schedule, except for chiropractic services.
- requires the conversion factor for chiropractic services to be increased to 72 percent of the medical/surgical conversion factor, with half of the increase to be implemented Oct. 1, 2005, and half implemented Oct. 1, 2006.
- provides that the annual adjustment of the conversion factors may be adjusted (by no less than zero) to offset the increase in payments resulting from the increase in the chiropractic conversion factor. **Fee levels, continues ...**

Statewide average weekly wage Effective Oct. 1 of the indicated year

Year	Statewide average weekly wage	Percentage change from previous year
1992	\$459	3.61%
1993	\$484	5.45%
1994	\$492	1.65%
1995	\$505	2.64%
1996	\$524	3.76%
1997	\$553	5.53%
1998	\$579	4.70%
1999	\$615	6.22%
2000	\$642	4.39%
2001	\$680	5.92%
2002	\$702	3.24%
2003	\$718	2.28%
2004	\$740	3.06%
2005	\$774	4.59%

Fee levels, continued ...

Pursuant to this law, effective Oct. 1, 2005, the new conversion factors will be:

- medical/surgical services in part 5221.4030.....\$76.31
- pathology/laboratory services in part 5221.4040.....\$63.72
- physical medicine/rehabilitation services in part 5221.4050.....\$66.16
- chiropractic services in part 5221.4060.....\$48.08

To offset the increase in the chiropractic conversion factor, as permitted by the new law, there will be no annual adjustment to the conversion factors.

Minnesota Rules, part 5219.0500, subp. 4, provides for adjustment of the maximum fees for independent medical examinations in the same manner as the adjustment of the conversion factor. Therefore, because there is no annual adjustment to the conversion factors, there will be no increase in the independent medical examination fees on Oct. 1, 2005.

An official notice of the medical fee schedule conversion factors and independent medical examination fees as approved by the administrative law judge will be published in the *State Register* in September.

Role-playing injects fun into work comp training scenario



To liven up the afternoon session during a Department of Labor and Industry workers' compensation training for insurance adjusters, in July, Customer Assistance staff members take on roles, acting out a mediation session with an injured worker and two lawyers. For more training information, visit www.doli.state.mn.us/wctrain.html.

Above (l to r): injured employee Marv Williams (Ralph Hapness, in hat); attorney Lyle Litigator (Phil Moosbrugger). DLI mediator (John O'Loughlin); and the insurer's attorney Paula Perfect (Nancy Lane).

Compensation rates as of Oct. 1, 2005

Statewide average weekly wage (SAWW) = \$774

Percentage change in SAWW from previous year = 4.59%

(Apply Minnesota Statutes §176.645 adjustment as necessary based on date of injury.)

Maximum under M.S. 176.101 and 176.111

<i>100% of SAWW</i>	
10-01-77	\$197.00
10-01-78	\$209.00
10-01-79	\$226.00
10-01-80	\$244.00
10-01-81	\$267.00
10-01-82	\$290.00
10-01-83	\$313.00
10-01-84	\$329.00
10-01-85	\$342.00
10-01-86	\$360.00
10-01-87	\$376.00
10-01-88	\$391.00
10-01-89	\$413.00
10-01-90	\$428.00
10-01-91	\$443.00
<i>105% of SAWW</i>	
10-01-92	\$481.95
10-01-93	\$508.20
10-01-94	\$516.60
<i>Set by Statute</i>	
10-01-95	\$615.00
10-01-00	\$750.00

Minimum under M.S. 176.101, subd. 1(2).

<i>50% of the SAWW or gross wage, whichever is less, but in no case less than 20% of the SAWW</i>	
10-01-77	\$98.50 (gross wage - \$147.75) ... \$39.40
10-01-78	\$104.50 (gross wage - \$156.75) ... \$41.80
10-01-79	\$113.00 (gross wage - \$169.50) ... \$45.20
10-01-80	\$122.00 (gross wage - \$183.00) ... \$48.80
10-01-81	\$133.50 (gross wage - \$200.25) ... \$53.40
10-01-82	\$145.00 (gross wage - \$217.50) ... \$58.00
10-01-83	\$156.50 (gross wage - \$234.75) ... \$62.60
10-01-84	\$164.50 (gross wage - \$246.75) ... \$65.80
10-01-85	\$171.00 (gross wage - \$256.50) ... \$68.40
10-01-86	\$180.00 (gross wage - \$270.00) ... \$72.00
10-01-87	\$188.00 (gross wage - \$282.00) ... \$75.20
10-01-88	\$195.50 (gross wage - \$293.25) ... \$78.20
10-01-89	\$206.50 (gross wage - \$309.75) ... \$82.60
10-01-90	\$214.00 (gross wage - \$321.00) ... \$85.60
10-01-91	\$221.50 (gross wage - \$332.25) ... \$88.60
<i>20% of the SAWW or the employee's actual weekly wage, whichever is less</i>	
10-01-92	\$91.80
10-01-93	\$96.80
10-01-94	\$98.40
<i>Set by statute, the listed amount or the employee's actual weekly wage, whichever is less</i>	
10-01-95	\$104.00
10-01-00	\$130.00

Supplementary benefits under M.S. 176.132 (Minnesota Statutes 1994)

and permanent total minimum under M.S. 176.101, subd. 4 (for injuries 10-1-95 and later)

10-01-83	\$203.45	(rounded to \$204)
10-01-84	\$213.85	(rounded to \$214)
10-01-85	\$222.30	(rounded to \$223)
10-01-86	\$234.00	(round)
10-01-87	\$244.40	(rounded to \$245)
10-01-88	\$254.15	(rounded to \$255)
10-01-89	\$268.45	(rounded to \$269)
10-01-90	\$278.20	(rounded to \$279)
10-01-91	\$287.95	(rounded to \$288)
10-01-92	\$298.35	(rounded to \$299)
10-01-93	\$314.60	(rounded to \$315)
10-01-94	\$319.80	(rounded to \$320)
10-01-95	\$328.25	(rounded to \$329)*
10-01-96	\$340.60	(rounded to \$341)*
10-01-97	\$359.45	(rounded to \$360)*
10-01-98	\$376.35	(rounded to \$377)*
10-01-99	\$399.75	(rounded to \$400)*
10-01-00	\$417.30	(rounded to \$418)*
10-01-01	\$442.00	(round)
10-01-02	\$456.30	(rounded to \$457)*
10-01-03	\$466.70	(rounded to \$467)*
10-01-04	\$481.00	(round)
10-01-05	\$503.10	(rounded to \$504)*

*Rounding applies to supplementary benefits.

Electronic Data Interchange (EDI): Come on board!

By Marybeth Stoltz, EDI Coordinator
Information Technology Services



The Minnesota Department of Labor and Industry (DLI) has been using the International Association of Industrial Accident Boards and Commissions (IAIABC) Release 1 standard for accepting First Report of Injury (FROI) form information via electronic data interchange (EDI) for more than 10 years. Approximately 15 percent of FROI information is received and processed in this manner annually; DLI would like to see this number increase and invites others to consider incorporating EDI. Receiving FROI information electronically provides for faster acceptance, cheaper processing and more accurate data.

DLI's goal of increasing the receipt of electronic FROI information was not realized for many years, because its system wasn't very robust and had communication limitations that may have precluded trading partners (insurers, third-party administrators and self-insurers) from exchanging data with the workers' compensation system in an electronic format.

This has now changed. Trading partners now have multiple options available when choosing a communication method to transmit FROI data via EDI. These options include using: a value-added network (VAN); third-party communications products; online Web access; and direct-connect secure file transfer protocol (FTP). The latter two options may be the least costly for a trading partner, because there are no transaction costs incurred. The online Web access may be attractive to self-insured employers or small insurers that do not file multiple lost time FROI data with DLI.

The standard electronic format accepted by DLI has also expanded. In addition to supporting and using the Release 1 standard for FROI data, DLI now supports and uses the Release 3 standard. Minnesota was the second state to implement the newest standard. Release 3 allows for the collection of additional data elements and expanded field sizes. It also resolves some of the outstanding issues from previous releases.

The vendor with whom DLI tested and implemented Release 3 commented to the IAIABC, "Testing went quickly due to Minnesota's well-developed system and quick turn-around time, both in processing files and making enhancements to their system. We were able to send FROI data and receive AKCs [acknowledgment records] several times a day. Turn-around time for suggested system enhancements for better usability, from a trading partner standpoint, was a day or less. No major bugs or issues found."

With these new features available for trading partners, DLI's goal of increasing receipt of EDI FROI data is being met (although the overall number of FROI information received in total is down from previous years). Minnesota remains an EDI voluntary state; there are no immediate plans to mandate EDI. DLI will continue to support Release 1, although for an undetermined length of time. DLI will also explore adding electronic subsequent reporting using the Release 3 format, although no firm dates have been set for this effort.

Visit www.doli.state.mn.us/edi.html to view the *EDI Implementation Guide* and learn more about the benefits of using EDI.

Results of 2005 Special Compensation Fund assessment

By John Kufus, Accounting Officer
Financial Services

The Special Compensation Fund (SCF) assessment funds Minnesota's workers' compensation programs. Most of the assessment dollars go to funding the supplementary and second-injury benefit programs. The assessment also pays the operating expenses of the Workers' Compensation Division of the Department of Labor and Industry, the Office of Administrative Hearings and the Workers' Compensation Court of Appeals.

As a result of legislation enacted in 2002, the assessment process has changed. Companies are no longer required to report on a semi-annual basis. The reporting is now done on an annual basis and the reports are mailed at least 45 days before the due date of April 1.

The Special Compensation Fund assessment is now directly invoiced by the Minnesota Department of Labor and Industry. The first half of the assessment is invoiced by June 30 of each year, and is due Aug. 1 of that year. The second billing is due Feb. 1 of the following year, and is mailed approximately 30 days before the due date.

The estimated state fiscal-year 2006 funding requirement for SCF was determined to be \$101 million. The liability was divided between the insurers and self-insurers by the ratio of their 2004 indemnity payments to the total indemnity reported by both groups.

	2004 indemnity	Ratio	Estimated liabilities	DSR pure premium
Insurers	\$319,418,941	76.84%	\$ 77,605,375	\$762,766,575
Self-insurers	\$ 96,290,817	23.16%	\$ 23,394,625	
Total	\$415,709,758	100.00%	\$101,000,000	\$762,766,575

Insurer premium surcharge rate

The derived insurer premium surcharge rate applied for the purpose of determining the Special Compensation Fund assessment was 10.1742 percent. The rate was determined by dividing the insurer portion of the SCF state fiscal-year 2006 liability (\$77,605,375) by the 2004 designated statistical reporting pure premium reported by all insurers to the Minnesota Workers' Compensation Insurers Association (\$762,766,575).

Self-insured assessment rate

The derived self-insured assessment rate was 24.2958 percent. It was determined by dividing the self-insured portion of the Special Compensation Fund state fiscal-year 2006 liability (\$23,394,625) by the total 2004 indemnity reported by the self-insured employers (\$96,290,817).

Call Jim Feckey, SCF director, at (651) 284-5455, if you need further information.

Complaints involving medical issues – 2004

By Julie Marquardt, State Program Administrator, Principal Medical Compliance



Medical benefits are a common element of every workers' compensation claim. In other words, every workers' compensation injury involves medical treatment. As a result, the Minnesota Department of Labor and Industry (DLI) has established rules that govern the delivery and reimbursement of medical services within workers' compensation. When health care providers, insurers, employers and managed care organizations comply with the statutes and rules pertaining to medical benefits, injured employees are more likely to receive reasonable and necessary health care that is timely and cost-effective.

To that end, DLI has the authority to investigate complaints against health care providers (Minnesota Statutes §176.103, Minnesota Rules Part 5221.8900), certified managed care organizations (M.S. §176.1351; Minn. Rules Parts 5218.0800 and 5218.0900) and insurers or employers (M.S. §176.251) regarding noncompliance with laws and rules governing medical benefits. This authority also allows for disciplinary action to be taken by DLI, if appropriate.

Complaints received by DLI

Anyone may file a complaint with DLI about a health care provider, certified managed care organization (CMCO), employer or insurer. Complaints can be received by phone, fax, letter or electronic mail. The table below details the number of complaints received and the source from which the complaint originated.

Table 1. Number of complaints involving medical issues by type of complainant, 2000-2004							
Year	Employer or insurer	Health care provider	Employee or attorney	Certified managed care plan ¹	DLI	Other ²	Total
2000	26	4	7	0	2	0	39
2001	35	5	4	2	1	0	47
2002 ³	34	5	9	0	2	1	50
2003	12	4	6	0	1	1	24
2004	1	6	5	0	0	0	12

¹A certified managed care organization is an entity that has a contract with an insurer or self-insured employer to provide managed care services to employees under Minnesota Statutes §176.1351.
²Other entities may include: qualified rehabilitation consultants, other state boards or agencies, etc.
³One complaint was brought forward by two different complainants.

As indicated in last year's report, the number of complaints involving medical issues continues to decline, most likely due to changes initiated in 2003. Since that time, requests for assistance from insurers in obtaining a permanent partial disability (PPD) rating from a health care provider are no

longer tracked and recorded as complaints. Instead, auditors, who provide the necessary assistance, handle requests. This change accounts for the marked decrease in complaints registered by employers or insurers, and the decrease in overall complaints.

Complaints against employers and insurers most often involve issues of medical billing and payment, and directing employees to see specific health care providers without having a contract with a CMCO. Complaints against health care providers often involve release of medical records, excessive charges, treatment parameter compliance and attempting to collect payment from injured employees for treatment or charges deemed excessive.

Complaint outcomes

A single complaint may allege violations of several workers' compensation statutes or rules. During the course of an investigation, additional issues may be identified. The most serious outcome is recorded in the complaint file.

Outcomes are determined by the findings of the investigation. There are three possible outcomes.

- **Dismissal** – If the complainant fails to provide necessary information, the allegations are not supported by the information obtained or the department lacks jurisdiction, the complaint may be dismissed.
- **Letter of instruction** – If the investigation reveals the subject did not act optimally, but there is not justification for discipline, a letter of instruction may be sent to the subject identifying corrective action(s). A letter of instruction is not considered discipline.
- **Discipline** – If the results of an investigation support the allegation that the subject violated workers' compensation statutes or rules, disciplinary action may be warranted. Disciplinary action can include: a warning, penalties, a hearing under M.S. Chapter 14 or a stipulated agreement, typically involving corrective action and a fine. The severity of disciplinary action may be increased if the subject of the complaint has a history of similar violations, if the violation(s) are determined to be egregious or if the subject has demonstrated a pattern of noncompliance with workers' compensation statutes and rules.

Sixteen complaints were closed during calendar-year 2004. Table 2 (next page) identifies the outcomes by subject type.



Table 2. Outcomes of complaints closed in 2004 by subject type				
Subject of complaint	Dismissed	Closed with instruction	Closed with discipline	Total
Health care provider	1	3	0	4
CMCO	0	1	1	2
Employer or insurer	5	3	1	9
Other	0	1	0	1
Total	6	8	2	16

Two complaints resulted in disciplinary action:

1. A certified managed care organization failed to provide dispute resolution services. An injured employee disputed denial of reimbursement for a wheelchair, but the dispute was not handled by the CMCO in accordance with its certified plan. During the course of the investigation, it was also discovered inaccurate information was being provided to employees. A stipulated agreement was reached requiring corrective action, revision of employee materials and a penalty of \$2,000.
2. A workers' compensation insurer failed to pay or deny bills received from a chiropractor. The insurer paid a penalty of \$300.

Conclusion

The immediate result of a complaint is to correct inappropriate behavior and prevent future problems. Cumulatively, complaints are monitored by DLI to identify trends and areas of confusion. Training or rule amendments may be developed to address areas of concern. The department provides training about medical issues to insurers, health care providers, billing and medical records staff, and employers. Information about medical benefits is available on DLI's Web site (www.doli.state.mn.us) and by contacting DLI Customer Assistance at 1-800-342-5354.

Complaints or questions pertaining to medical issues may be directed to Julie Marquardt by phone at (651) 284-5173 or by e-mail at julie.marquardt@state.mn.us.

**Fax 4 FROI:
(651) 284-5731**

When faxing a First Report of Injury (FROI) form to the Minnesota Department of Labor and Industry, be sure you are using (651) 284-5731.

Sending faxes to other numbers can cause a significant delay in processing time.

The Minnesota Department of
Labor and Industry offers ...

Rehab by the rules



Rehabilitation
update conference

Sept. 22
or

Oct. 20, 2005

Continuing Education
and Conference Center
University of Minnesota
St. Paul Campus

Who should attend?

Attendance at one of the rehabilitation update sessions is required of all qualified rehabilitation consultants (QRCs). Registered rehabilitation vendors must send at least one representative from their organization. Application has been made for approval of five CEUs from CRC and CDMS.

Topics covered:

- 2005 rehabilitation rule revisions
- Revised rehabilitation forms
- Placement vendor issues
- Status of rehabilitation
- Dispute resolution

Register early

Early registration is recommended to assure your choice of dates. Lunch is included with your registration. Register online at www.doli.state.mn.us/rehab (payment must follow online registration within seven days). You will be notified if your choice of date is full.

Rehab by the rules



Rehabilitation
update conference